## **CLAIMS ONLY**

SERIAL NO. FILING DATE

APPLICANT(S)

CLAIMS

|                 | I AS F                                           | ILED                                             | AF                                               | TER                                              | AFTER                                            |              |
|-----------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------------------------------------------|--------------|
|                 |                                                  |                                                  | 1st AMENDMENT                                    |                                                  | 2nd AMENDMENT                                    |              |
|                 | IND.                                             | DEP.                                             | IND.                                             | DEP.                                             | IND.                                             | DEP.         |
| 1               | 1                                                | <u> </u>                                         |                                                  | ļ                                                |                                                  |              |
| 2               | <u> </u>                                         | ļ                                                |                                                  |                                                  | ļ                                                |              |
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| TOTAL           | <del>                                     </del> | <del>-</del>                                     |                                                  | <del>  _</del>                                   |                                                  |              |
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| TOTAL<br>DEP.   | 21                                               | _                                                |                                                  | _                                                |                                                  | _            |
| TOTAL<br>CLAIMS |                                                  |                                                  |                                                  |                                                  |                                                  |              |

|                 | *        |                                                  | *                                                |              | *            |         |
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| 100             |          | <del> </del> -                                   |                                                  |              |              |         |
| TOTAL           |          | <u> </u>                                         |                                                  | _            |              |         |
| IND.            |          | ] 🛂                                              |                                                  | _            |              | _1      |
| TOTAL<br>DEP.   |          |                                                  |                                                  |              |              |         |
| TOTAL<br>CLAIMS |          | 15.53                                            |                                                  |              |              |         |
|                 |          |                                                  |                                                  |              |              |         |

\* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

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